

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 14, 1999

ALL-COUNTY LETTER NO. 99-38

TO: ALL COUNTY WELFARE DIRECTORS
ALL WELFARE-TO-WORK COORDINATORS
ALL CALWORKS PROGRAM MANAGERS
ALL COUNTY CHILD CARE COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: INSTRUCTIONS RELATING TO REMEDIES FOR SELF-INITIATED PROGRAM (SIP) PARTICIPANTS IN THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) WELFARE-TO-WORK (WTW) PROGRAM

REFERENCE: ALL COUNTY LETTER (ACL) NOS. 99-32 AND 98-41
ASSEMBLY BILL 1542 (Chapter 270, Statutes of 1997)

BACKGROUND

This letter is a follow up to ACL No. 99-32 that addressed major areas of concern related to SIP regulations found in Manual of Policy and Procedures (MPP) Section 42-700 and provided questions and answers to clarify issues raised in the application of SIP policies and procedures. The purpose of this letter is to provide instructions to counties on how to correct any inappropriate SIP denials, sanctions, or denials or reductions of supportive services. All claims must be filed on or before August 20, 1999. The claim period begins the date the county implemented its CalWORKs County Plan. The claim period ends on the date the county takes corrective action.

INFORMING NOTICE

On or about June 15, 1999, the State will mail out the enclosed informing notice, Important Notice for CalWORKs Recipients - Temp 2167, to CalWORKs assistance units. The Temp 2167 notifies CalWORKs participants, who believe that their SIP was improperly handled, how to obtain a copy of the CalWORKs SIP Review Request Form - Temp 2171, to have their situation reviewed by the county that took the original action.

ACL 99-32 advised counties to immediately begin flagging cases that may have any of the possible problems identified in the letter. Counties must now send the Temp 2171 to all flagged cases. Counties are not required to complete a case-by-case search to identify potential claimants beyond individuals who contact them as a result of this process.

Counties must make the Temp 2171 immediately available to all CalWORKs participants and former recipients who:

- call to request a copy of the form,
- walk into a county welfare office or employment service center to request the form, or
- had county staff flag their cases due to advance information about the June notice.

The Chancellor's Office, California Community Colleges, has agreed to provide the local community colleges with the SIP Review Request Form so that it will be available to their students. Counties may also make a supply of the forms available to any other educational provider who wants to make the form available to their students.

POSTERS

Counties must use the enclosed Temp 2167A, Important Notice for CalWORKs Recipients poster. Posters must be displayed in areas that are clearly visible in county welfare department (CWD) district offices and employment service sites from June 15 through August 20, 1999. Counties must provide local telephone numbers and local instructions to recipients on how to obtain a CalWORKs SIP Request Review Form at the bottom of the poster. Counties, which distribute grant warrants and/or food stamp coupons at check cashing facilities, must also send the poster for display at those facilities. The Chancellor's Office, California Community Colleges, has agreed to provide the local community colleges with the poster for display in areas likely to be seen by CalWORKs recipients.

REVIEW PROCESS

Upon the receipt of a SIP Review Request Form from a participant, counties must review and, as necessary, take corrective measures to remedy any misapplication of the CalWORKs WTW Program SIP regulations that have occurred to date. In reviewing individual case situations, counties must correct any problems clarified by ACL No. 99-32 and restore full benefits to eligible participants.

Remedies include:

- ending sanctions and restoring aid;
- reimbursing aid for improper sanctions;
- reviewing and correcting welfare-to-work plans;
- allowing recipients to re-enroll in approvable SIPs;
- extending or commencing the 18- or 24-month time periods, as appropriate; and,
- providing reimbursement for necessary supportive services for the approval period of the SIP.

A copy of the CalWORKs Self-Initiated Program (SIP)-Review Request Form (Temp 2171) is enclosed for counties to reproduce and provide to participants upon request. The form requests the name and address of the educational program (SIP) and provides questions to identify any possible problem areas.

From the date the Temp 2171 is received, the county has ten days to review and advise the participant of any missing information or verification needed by the county to process the claim. The participant has 30 days to provide the missing information or verification, unless there are circumstances beyond the participant's control which require extension of the time limit. One example of a circumstance beyond the participant's control is a school vacation, which makes verification unobtainable until school is back in session. Beginning the date all verification and information has been received by the county, the county has 30 days to process the claim and mail notification of its decision to the participant.

WEB SITE FOR ACL NO. 99-32

The web site address to obtain ACL No. 99-32 from the Department's web page is: <http://www.dss.cahwnet.gov>. The web site address is indicated on the SIP Review Request Form for those SIP participants who wish information about SIP policies.

DEFINITIONS AND CONDITIONS APPLICABLE TO REMEDIAL ACTIONS

The following definitions and conditions apply to remedial actions taken by counties to correct problems and restore benefits to eligible participants.

Definitions

- "Enrolled" means that an individual has applied for and been accepted into a degree or certificate program, and continues to meet and fulfill all conditions imposed by the institution offering the program to meet enrollment status.
- "Enrollment" or "re-enrollment" means, for purposes of this review, that the student must enroll or re-enroll in an approvable educational program at the next available opportunity or by no later than the Spring 2000 school term. However, enrollment after Spring 2000 must be allowed if it can be reasonably demonstrated that enrollment cannot be completed before that term. For example, if the SIP is a nursing program that requires spring enrollment and the college permits nursing students to commence studies in the fall only, the student must be permitted to enroll in the Fall of 2000.
- "SIP approval criteria" that apply to remedial actions are listed on page one of ACL No. 99-32.

Conditions

- Relief is not available for individuals while they were Greater Avenues for Independence (GAIN) program participants.
- The CWD must provide written instructions for approving a SIP that is not on an approved list of programs. If verbal or written instructions were not provided to the individual at the time he or she was denied the SIP, or the participant was not given a reasonable time within which to provide this information, the individual must be given the opportunity to enroll in an approvable SIP.
- An individual must be given the choice of receiving grant payments for the time period that the sanction was applied, or of resuming receipt of benefits and welfare-to-work services effective the date the determination is made that the individual should no longer be sanctioned. If the individual chooses to receive aid for the rescinded sanction period, all months in that period are counted against the 60-month time limit. If the individual does not receive back payments, the months of sanction do not count towards the individual's 60-month time limit. In either situation, however, the sanction must not count as a "prior sanction" should the individual be sanctioned in the future.
- An individual in an "unapprovable SIP" meeting the statutory criteria, who wanted to continue to the end of the quarter or semester and/or transfer to an approvable SIP by the end of the quarter or semester, is entitled to remedies similar to those available to individuals in approved SIPs.
- Supportive services must be verified, when possible, to be an allowable reimbursement. When receipts or other documentation are not available, a declaration signed by the recipient under penalty of perjury shall be acceptable, if the CWD has no information to the contrary. A supportive service is reimbursable if the individual can verify that he or she incurred the cost, even if it is not yet paid.
- Until participants actually begin the activities contained in the corrected SIP welfare-to-work plan, they are expected to participate in their existing welfare-to-work plan, as long as those activities do not interfere with their SIP.

REMEDIES AVAILABLE

The following remedial actions must be taken to correct problems and restore benefits to eligible participants. More than one remedial action may be appropriate to correct a problem. Those counties that took corrective action before receiving this letter must assure that the individuals were presented with all of the applicable options listed here.

- Rescinding sanctions

Rescind sanctions as appropriate for any month in which the individual was otherwise eligible.

- Restoring cash aid

Restore cash aid back to the effective date of the sanction if the individual is otherwise eligible, and if the individual chooses restoration of cash aid.

- Correcting current cash aid

Adjust the cash aid to the assistance unit to include the individual that was sanctioned.

- Reimbursing for out-of-pocket supportive services

Reimburse supportive services expenses related to the SIP that were incurred while the individual was sanctioned, or supportive services expenses incurred for the SIP while the individual was concurrently attending another welfare-to-work plan activity because the SIP was not made part of the welfare-to-work plan.

- Extending (or commencing) the 18- or 24-month welfare-to-work time period

Permit the individual to sign a corrected welfare-to-work plan if he or she remained in an approvable SIP.

- Entering into a new SIP welfare-to-work plan

Allow the individual to sign a corrected welfare-to-work plan to enroll in or to continue his or her SIP for an 18- or 24-month time period, whichever would have been available had the SIP been approved at the time the individual originally was required to participate in the CalWORKs WTW Program. Allow the participant to sign a corrected welfare-to-work plan for supplemental work activities (for example if work-study was not counted as an allowable activity).

SIP REVIEW REQUEST NOTICES OF ACTION (NOA)

A third letter will convey the following notices that are being developed. The SIP Review Request Denial NOA, SIP Review Request Approval NOA and the SIP Review Request Cash Aid Approval NOA will follow shortly. After reviewing and evaluating the information indicated on the SIP Review Request Form, the CWD must determine whether the individual is, or is not, entitled to

remedial benefits or actions as a result of their review. Counties must use the appropriate NOA or NOAs, or an approved substitute, to approve or deny requests for benefits or remedies.

TRANSLATIONS

For camera-ready copies of English and Spanish forms, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms from the Department's web page at <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Your Forms Coordinator now receives all translations as soon as they become available, if your county is on the Language Translation Services (LTS) mailing list. Translated versions in Russian and Asian (Cambodian, Chinese and Vietnamese) will follow shortly. Call LTS at (916) 654-1282 if your county does not receive the Russian and Asian translations. For languages which the State is not translating, if your county has a group that comprises five percent or more of the county population, the county must assure that a written translation (if a written language exists) of these forms and notices are provided.

UNDERPAYMENTS/OVERPAYMENTS

Before issuing any retroactive underpayment, counties must review the case to confirm that there are no existing overpayment(s). Retroactive benefits due and owing must be offset against any outstanding overpayments as required by MPP Section 44-340.42.

MPP Section 42-751 addresses underpayments and overpayments for transportation and ancillary support services. MPP Section 47-440 addresses underpayments and overpayments related to child care.

Retroactive payments shall not be considered when determining income eligibility and family fee for current child care services.

CALWORKS ELIGIBILITY

For purposes of determining continued eligibility and amount of assistance, retroactive payments shall not be considered as income or as a resource in the month paid nor in the next following month, per MPP Section 44-340.6.

FOOD STAMPS

Payments received for prior months will be counted as a non-recurring lump sum in the month received for Food Stamp (FS) program purposes, per MPP Section 63-502.2(j).

Payments received in the month the payment was intended to cover will be counted as current income. For any payment(s) that combined both current and prior month(s) benefits, the amount allocated to the prior month shall count as a resource, and only the amount attributable to the current month shall be countable as current income for the FS program.

FISCAL CLAIMING

Corrective underpayments and ongoing benefits are eligible for CalWORKs funding. Normal claiming procedures apply for these payments and standard sharing ratios will be used. No interest will be paid on retroactive benefits.

If you have any questions about this letter or the treatment of SIPs, please contact Mr. Ray Christensen, Employment Bureau, at (916) 654-1426. If you have any questions regarding CalWORKs cash grant eligibility, please contact your CalWORKs Eligibility Bureau Analyst, at (916) 654-1325. For questions related to the Food Stamp Program, please contact Mr. Ernie Villalobos at (916) 657-1680. For questions related to supportive services, including underpayments and overpayments, please contact Mr. David Nelson, Work Support Services Program, at (916) 654-6091. For questions related to child care underpayments and overpayments, please contact your county child care consultant, Child Care Programs Bureau, at (916) 657-2144. If you have any fiscal claiming questions, please contact your Fiscal Policy Bureau Analyst, at (916) 657-3440.

Sincerely,

***Original Document Signed By
Jarvio A. Grevious on 5/14/99
For***

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Enclosures

c: CWDA
CSAC

bc: B. Wagstaff

IMPORTANT NOTICE FOR CALWORKS RECIPIENTS

Were you in a school program that you enrolled in on your own (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work Program?

Under state law, CalWORKs participants can continue in school as part of their Welfare-to-Work plan if the school program:

- is an undergraduate certificate or degree, or a teaching credential program;
- leads to employment; and
- the participant is making satisfactory progress.

If you were enrolled in a school program (SIP) when you were required to participate in the CalWORKs Welfare-to-Work Program and you answer yes to any of the questions at the right, you may be able to:

- go back to school;
- have your sanction overturned and get your cash aid back;
- get money for books, transportation and child care.
- have your Welfare-to-Work plan changed.

To have the county welfare department review your case, you must fill out a SIP Review Request Form. To get the form, call your CalWORKs Welfare-to-Work Program worker or go to your county office to get one. You may also get the form by filling out the information at the bottom of this page and mailing a completed copy to the county.

If your school program (SIP) was denied when you lived in another county, you must submit the completed SIP Review Request Form to that county.

You must file the SIP Review Request Form by no later than August 20, 1999. If your SIP Review Request Form is submitted later than August 20, 1999, it will be denied.

若需本通知的翻譯本，請和你的工作人員聯絡。

(Chinese)

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(Cambodian)

Для перевода этого извещения обратитесь к работнику.

(Russian)

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị.

(Vietnamese)

At any time on or after January 1, 1998:

1. Did the county refuse to make the school program (SIP) one of your assigned CalWORKs Welfare-to-Work activities?
2. Did the county refuse to allow you to continue in your unapprovable school program (SIP) until the end of the quarter or semester?
3. Did the county refuse to pay for necessary supportive services while you were in the school program or in work-study (SIP)?
4. Did the county refuse to count your work-study hours toward your SIP Welfare-to-Work participation requirement?
5. Did the county refuse to treat elective courses that count toward your degree, or tutorials designed to address your diagnosed learning disability, as part of your school program (SIP)?

NAME	DATE OF BIRTH
ADDRESS	
SOCIAL SECURITY #	CASE #

IMPORTANT NOTICE FOR CALWORKS RECIPIENTS

Were you in a school program that you enrolled in on your own (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work Program?

Did the county refuse to make the school program one of your assigned CalWORKs Welfare-to-Work activities or to pay the supportive services that you needed to attend the school program?

If you were enrolled in a school program (SIP), you may be able to:

- go back to school;
- have your sanction overturned and get your cash aid back;
- get money for books, transportation and child care;
- have your Welfare-to Work plan changed.

To have the county welfare department review your case, you must fill out a SIP Review Request Form. To get the form, call your CalWORKs Welfare-to-Work Program worker or go to your county office to get one.

You must file the SIP Review Request Form no later than August 20, 1999.

AVISO IMPORTANTE PARA LAS PERSONAS QUE RECIBEN BENEFICIOS DE CALWORKS

¿Estaba participando en un programa escolar, en el cual usted se inscribió por iniciativa propia (un “SIP”), cuando se le requirió que participara en el Programa para la Transición de la Asistencia Pública al Trabajo (*Welfare to Work* - WTW) del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs)?

¿Se rehusó el Condado a hacer que su programa escolar fuera una de sus actividades asignadas para el Programa de WTW de CalWORKs o se rehusó a pagar los servicios

de apoyo que usted necesitaba para ir a su programa escolar?

Si usted estaba inscrito en un SIP, es posible que usted pueda:

- regresar a la escuela;
- lograr que se cancele su sanción y que vuelva a recibir su asistencia monetaria;
- recibir dinero para libros, transporte, y cuidado de niños;
- lograr que su plan de WTW se cambie.

Para que el departamento de bienestar público del condado revise su caso, usted tiene que llenar el formulario “Petición para la revisión de un programa comenzado por iniciativa propia (un SIP) para fines del Programa de CalWORKs”. Para obtener el formulario, llame al Programa de WTW de CalWORKs o vaya a la oficina del Condado para obtener uno.

Tiene que presentar el formulario de petición para que se revise su SIP a más tardar el 20 de agosto de 1999.

若需本通知的翻譯本，請和你的工作人員聯絡。 (Chinese)

សំរាប់សេចក្តីបកប្រែនៃប្រកាសនេះ សូមជួបទាក់ទងទៅអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។ (Cambodian)

Для перевода этого извещения обратитесь к работнику. (Russian)

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị. (Vietnamese)

POST FROM JUNE 15, 1999 THROUGH AUGUST 20, 1999

CalWORKs SELF-INITIATED PROGRAM (SIP)

REVIEW REQUEST FORM

INSTRUCTIONS: If you believe that any of the situations listed on this form apply to you, please fill out this form and return it to the county no later than August 20, 1999. **If the form is not submitted to the county welfare department by August 20, 1999, any claim for benefits or restoration will be denied.**

Please print or type answers to the following:

NAME		DATE OF BIRTH
ADDRESS		
SOCIAL SECURITY #	CASE #	TELEPHONE #

If you were in a school program that you enrolled in on your own (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work Program and you answer yes to any of the questions below you may be able to:

- go back to school;
- have your sanction overturned and get cash aid;
- get money for books, transportation and childcare;
- have your welfare-to-work plan changed.

Please answer the following questions about your school program (SIP):

NAME OF COLLEGE/SCHOOL PROGRAM:

ADDRESS OF COLLEGE/SCHOOL PROGRAM:

YES	NO	At any time on or after January 1, 1998, did the county:
<input type="checkbox"/>	<input type="checkbox"/>	1. Refuse to make the school program (SIP) one of your assigned CalWORKs Welfare-to-Work activities?
<input type="checkbox"/>	<input type="checkbox"/>	2. Refuse to allow you to continue in your unapprovable school program (SIP) until the end of the quarter or semester?
<input type="checkbox"/>	<input type="checkbox"/>	3. Deny, shorten or change your school program (SIP) because it was not full time or could not be completed within the 18- or 24-month welfare-to-work time period?
<input type="checkbox"/>	<input type="checkbox"/>	4. Require that you take a job that was during your school (SIP) class hours?
<input type="checkbox"/>	<input type="checkbox"/>	5. Refuse to count your work-study hours toward your SIP Welfare-to-Work participation requirement?
<input type="checkbox"/>	<input type="checkbox"/>	6. Refuse to treat elective courses that count toward your degree, or tutorials designed to address your diagnosed learning disability, as part of your school program (SIP)?
<input type="checkbox"/>	<input type="checkbox"/>	7. Refuse to pay for necessary supportive services while you were in the school program or in work-study?
<input type="checkbox"/>	<input type="checkbox"/>	8. Deny or reduce your supportive services without your agreement based on your receipt of financial aid?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you have any other problem with the county regarding your school program (SIP)? If so, what was it? _____ _____ _____

SIGNATURE OF SIP PARTICIPANT	DATE SIGNED
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NOTE: A letter that provides information about SIP policies, can be obtained at the Department's external web page at: <http://www.dss.cahwnet.gov>. Select "All County Letters" and go to Letter # 99-32.